

SEPTEMBER 1, 1999

**I. DEPARTMENT/AGENCY**

The Department of Health and Hospitals

**II. PROJECT TITLE**

OCDD Specialty Telemedicine Partnership

**III. PROJECT LEADER**

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**IV. DESCRIPTION OF THE PROJECT**

This is a project intended for the provision of specialty medical care for residents of the state's developmental centers operated by the Office for Citizens with Developmental Disabilities (OCDD) within the Department of Health and Hospitals (DHH). It entails a telemedicine partnership between OCDD and the LSU Medical Center (LSUMC), in which LSUMC in New Orleans serves as a telecommunications gateway to expertise wherever it exists by way of a next generation communications network and compressed video. Utilizing standards-based, inter-operable, state-of-the-art technology, OCDD accesses medical consults, clinics, and education in specialties related to developmental disabilities for the benefit of its residential clients. Further, under the concept of community capacity building, OCDD shares this knowledge with other practitioners locally to advance the quality of medical care throughout the state.

**V. PROJECT STATUS**

**A. Brief Summary**

The project proceeds on schedule. Research, planning, and preparations on several fronts precede the acquisition and deployment of the telecommunications equipment essential to telemedicine. In fidelity to the proposal to the La. Technology Innovations Fund (LTIF), DHH expects the project to realize economies of scale and

functionality in order to fully leverage the state's investment in telecommunications infrastructure. The project manager is consulting with technology experts in both the public and private sectors to design the intermediary network and to evaluate end-point systems. Further, he is collecting the data by which to prioritize the advent of telemedicine interventions. Transfer of LTIF funds to DHH to implement the project is forthcoming.

## B. Accomplishments

In the first two months of the fiscal year, the project manager completed assessments of the eleven telemedicine sites. Site visits involved the determination of appropriate locations for telemedicine systems, an investigation of the compatibility of existing telecommunications circuitry, discussions with the local staff assigned to manage telemedicine events, and consultation with the facility administrator. As a result, certain modifications to on-site architecture and infrastructure have been ordered to achieve telemedicine capability.

The project manager also has reviewed vendors and their telemedicine components. He has arranged demonstrations involving ad hoc connectivity among three of the eventual sites to permit stakeholders to experience the quality and features of various components. All product considerations are consistent with criteria acceptable to the DHH Bureau of Information Services, the LSUMC Telemedicine Program, and the Office of Telecommunications Management.

At the same time, OCDD has drafted ATelemedicine Best Practice Guidelines.@ The guidelines incorporate the LSU Telemedicine Policy and Procedure Manual to address such issues as patient consent, satisfaction, outcomes, and documentation. They also prescribe protocols for medical practice, clinical consultations, and professional education. This publication will be disseminated among peers and partners in telemedicine to establish standard procedures that protect patients= rights, promise valid results, and promote cooperation within the medical community.

## C. Problems Encountered/Action Taken or Planned

The LTIF provides Aseed@money to generate technological innovation within state government. The problem inherent in an innovative technology project lies in underestimating its potential growth and impact. The seeds of this project may produce dramatic improvements not only in the quality of care at developmental centers, but also in the DHH mission to promote, protect, and provide for the health of all citizens. Accordingly, project planning has expanded to take a panoramic view of the future that includes more benefits for more beneficiaries. In addition to meeting the immediate needs outlined in the proposal, this project will be carefully constructed as the foundation for telemedicine and telecommunications services for a population beyond the developmental centers. It has become a challenge that stretches and transforms the mind of the organization.

## D. Major Milestones (Original vs. Current Estimate)

Although most of the project milestones have yet to be reached, current estimates remain identical to the original forecasts. Major milestones measured from July 1, 1999, include the following:

Site visits	2 months
Site modifications	3 months
Selection of telemedicine components	4 months
Network connectivity	5 months
Protocols and procedures	5 months
Priority site implementation	6 months
Network-wide implementation	12 months

## VI. COST VS. BUDGET

<u>Category</u>	<u>Budgeted</u>	<u>Actual</u>	<u>Projected Surplus</u>
A. Equipment	\$433,792	\$0	\$0
B. Software	\$0	\$0	\$0
C. Telecommunications	\$470,250	\$0	\$0
D. Professional/Contract Services	\$52,940	\$0	\$0
E. Other Costs*	\$55,000	\$0	\$0
Total Project Cost	<u>\$1,011,982</u>	<u>\$0</u>	<u>\$0</u>

\*Other costs include modifications to existing space as necessary to permit installation and utilization of telemedicine systems. Although budgeted, these costs will be borne by each site independently from the LTIF award. Also not covered by the LTIF are the costs of professional medical services and of personnel assigned to telemedicine, in accordance with LTIF guidelines.

## VII. ITEMIZED EXPENSES AND FINANCIAL OBLIGATIONS INCURRED DURING THIS REPORTING PERIOD.

No funds have been expended to date.